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PROJECT BACKGROUND

The Maine Office of Aging and Disability Services (OADS) is in the process of making a number of changes to the Section 21 program, which provides home and community based services for individuals with intellectual and developmental disabilities. This effort includes a number of initiatives:

- Administration of the Supports Intensity Scale (SIS) to all individuals receiving services

- Developing a system of individual budgets based upon a members' residential placement and level of need as measured by the SIS

- A comprehensive review of the provider fee schedule

- Changes to service definitions, requirements, and limits and other policies

OADS released proposed changes related to each of the above initiatives in July. The materials were announced on July 23, 2014 and stakeholders were encouraged to submit their comments to OADS@Maine.gov. The original September 1 deadline was extended to September 12.

Several strategies were employed to disseminate the proposals as widely as possible. The materials were emailed to advocates, providers, and other stakeholders and posted on the OADS website. A public forum was held in Augusta. Two consultants assisting OADS on this project –Human Services Research Institute (HSRI) and Burns & Associates, Inc. (B&A) – conducted webinars to explain the materials and recordings of these webinars were posted online. At the request of providers and other groups, OADS staff have attended numerous meetings and forums to discuss the proposals.

Approximately 115 caregivers, advocates, providers, and other interested parties submitted comments. OADS reviewed all submissions and divided them into two categories for the purpose of preparing responses. Many of the suggestions resulted in changes to the proposals. This document includes comments related to the SIS and individual budgets. Companion documents cover the comments regarding proposed rates and changes to service definitions, and proposed policies and procedures.

DOCUMENT SUMMARY

In total, 51 unique comments related to the SIS and individual budgets were received. The comments were summarized and organized into topical areas as follows:

- Supports Intensity Scale (beginning with comment 1)
- Individual Needs-Based Budgets (beginning with comment 23)

SUPPORTS INTENSITY SCALE (SIS)

1. *Several commenters asked whether the SIS is a valid instrument.*

   Yes. The SIS is a nationally recognized, valid and reliable assessment tool for assessing individual support needs that was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD). The SIS was validated and normed by AAIDD over a five year period and directly assesses the needs of individuals with intellectual and developmental disabilities in their daily lives.

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2. *One commenter stated that the SIS is "geared for folks who don't have severe needs". In particular, the commenter stated that the SIS does not adequately assess individuals with severe behavioral challenges. Another commenter stated that the SIS has been used to make "severely handicapped individuals… appear more able to function…"*

The SIS focuses on a member's daily support needs and is strengths-based. The SIS was normed using a nationwide sample of adults with developmental and other disabilities in 33 states and two Canadian provinces.

The SIS is designed to address support needs for members with a range of Intellectual and Developmental Disabilities in Maine. In addition to the SIS assessment, OADS has elected to focus on significant medical and behavioral impairments and the needs of members who need additional support in these areas. OADS has added the supplemental question process to address potential significant medical or behavioral needs much like other states who have implemented use of the SIS.

3. *One commenter stated that the SIS does not assess people as "individuals with specific strengths, weaknesses and needs but only on level of difficult behaviors and cost of care for the behaviors."*

The SIS is strengths-based rather than deficit-based and provides means for gathering information on the amount of support a member needs to complete various day-to day activities, including needs for medical and behavioral support. The tool is unique in that it assesses the support needs of individuals with intellectual and developmental disabilities rather than the behaviors that lead to the needs for supports. The tool does not gather data pertaining to the costs of delivering services to address identified needs.

4. *Several commenters shared their opinions regarding who should be included in SIS assessments, generally stating that there should be a greater reliance on provider staff than on case managers and parents who do not provide care. One commenter suggested that volunteer correspondents be included. Another commenter asked whether respondents will be helped to "make the shift to a needs-based reporting of the individual's characteristics".*

There must be at least two respondents in addition to the member in each SIS interview, except in rare circumstances where the member is actively participating for the entire interview and responding to all questions. Guardians must be invited to participate in the SIS interview. All respondents will have worked with or known the member for three or more months. Respondents can include direct support professionals, guardian(s), spouse or significant other, family members or a correspondent.

5. *One commenter stated that she did not receive enough information about the SIS interview prior to her participation as a respondent in an assessment. The commenter noted that she would have liked to speak with the member's staff prior to the interview so that she could have provided more realistic input.*

During the scheduling process for a SIS interview, the case manager will contact the member and the guardian to explain the interview and SIS process. The member's case manager provides the member, their guardian and/or family members with a brochure describing the SIS.

6. *One commenter suggested that members' responses may need additional evaluation to determine whether they are accurate. Another commenter suggested that an individual may not want or think they need a certain service, but the service is necessary for that individual's health and safety.*

The SIS is an independent process conducted by an AAIDD certified assessor who is a neutral party contracted by OADS; Goold Health Systems (GHS). GHS operates within AAIDD's standards and

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guidance and all GHS assessors meet the certification of AAIDD trainers. The SIS assessment is designed to look at the level of support needed in relation to a range of activities and does not evaluate the actual "services" needed, this process is completed during the Person Centered Planning process.

7. *One commenter stated that the assessment asks how individuals function given their current amount of support. Other commenters noted that some individuals' current level of need is due to the amount support that they receive.*

   The SIS assesses the amount of support a member needs and does not account for the availability of natural or paid supports. The SIS is designed to evaluate what level of support is required to complete a range of activities. Responses should not vary depending on whether supports are currently being provided, nor depending on whether the supports are provided by a paid or unpaid caregiver.

8. *One commenter asked why some questions cannot be answered "not applicable", using the example of employment-related questions for individuals determined to "not have the capacity for employment".*

   The SIS requires all items to be completed even if the member is not currently performing the listed activity. The SIS is intended to assess the amount of support a member will need to complete various activities regardless of whether they are currently engaging in that activity. The SIS is also a tool to help members explore potential areas of interest or activities that may potentially be something they would like to do in the future and evaluate the support needed to meet these goals.

9. *Two commenters stated that some participants in assessments may have an overly optimistic view of an individual's abilities or may be reluctant to answer questions in a negative manner.*

   SIS assessors go through a training process prescribed by AAIDD and are certified by AAIDD to completed SIS assessments. During the training process, assessors are training in gathering responses from all respondents and how to illicit information from the interview to accurately reflect the member's support needs. The assessors are specifically trained in gathering information about sensitive topics and areas that may be difficult to discuss.

10. *Several comments were received in regards to SIS assessors. One commenter expressed appreciation of OADS' efforts to ensure that assessors are well-trained and as free of conflict of interest as possible. Once commenter asked how OADS ensures that assessors administer the assessment reliably. One commenter asked whether assessors will be required to have a background in intellectual and developmental disabilities. One commenter suggested that the SIS Policy and Procedure Manual note that assessors must complete at least four practice assessments before they undergo the IRR process. Several commenters shared criticisms regarding the conduct of assessments in which they participated.*

    SIS assessors must obtain a "pass" score from the American Association on Intellectual and Developmental Disabilities (AAIDD), which means that the SIS interviewer has completed training with an-AAIDD certified trainer, meets the Interviewer Reliability Review and knows how to request and verify information from respondents. SIS Interviewers are subject to review of their skills and abilities as a SIS Interviewer as well as annual review by AAIDD or a certified AAIDD Trainer.

11. *Two commenters asked how the dates of SIS assessments will be tracked and who will have this responsibility. Another commenter asked whether the capacity of the contracted assessment agency will assure timely assessments.*

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A new SIS assessment for each member will be conducted every three years. At present, Goold Health Systems (GHS) is the single assessing agency responsible for conducting SIS interviews in Maine. GHS has the capacity to complete a sufficient number of interviews to ensure each member will receive a SIS every three years. It will be the responsibility of the member's case manager to make a referral to GHS for a new SIS assessment prior to the end of the three year period.

12. ***Two commenters objected to the prohibition of the use of electronic devices during SIS assessments. One commenter asked whether this would apply to assistive technology such as alternative communication devices. One of the commenters stated that a recording could be used to assure that assessments are conducted appropriately.***

Electronic devices cannot be used during the interview in order to avoid distraction and preserve the privacy of the member. Alternative communication devices are permitted in the interview. OADS will review draft policies and procedures and make any amendments necessary to clarify this point.

13. ***Several commenters asked how the SIS-based levels were developed and how the various sections of the SIS are used. Other commenters asked what role SIS assessors play in the determinations of levels.***

Assessors are only responsible for administering the SIS assessment and when applicable the supplemental questions according to the training they have received from AAIDD.

OADS contracted with Human Services Research Institute (HSRI) and Burns & Associate (B&A) to develop the level based model using the SIS, supplemental questions and the supplemental question verification process. A detailed chart of the standardized scores used to determine a member's level assignment can be found on the OADS website at
http://www.maine.gov/dhhs/oads/disability/ds/sis/documents/

14. ***One commenter asked whether SIS scores were changed during the validation process.***

No scores were change as a result of the validation process.

15. ***A number of commenters expressed support for the use of the SIS to assist in person-centered planning and in individualized budgeting. One commenter asked whether the planning process will be modified. Other commenters asked whether other measures and input are also considered when considering a member's need for support. Another commenter suggested including clinical experts in decision-making.***

Information generated by the SIS can be an integral part of the person-centered planning process and allow for further evaluation of areas of interest, goal setting and determining areas a member may like to explore further. The SIS-based level to which a member is assigned will determine their individual budget, which includes Residential Services, Community and Work Supports. It will be up to the individual and other participants in the PCP meeting to determine how they will use their budget. OADS is committed to accessing clinical expertise as necessary in decision making and maintains contracts with clinical experts for this reason.

16. ***Several commenters reported that the assigned levels appear to 'fit' most members, but that a significant minority does not. Many commenters provided details regarding specific members for whom they think the assigned level is incorrect.***

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The level framework is intended to accommodate the needs of most memberss served on the Section 21 waiver. In addition to the SIS, additional supplemental questions identify members who may have additional medical or behavioral support needs. A record review process verifies responses to the supplemental questions that may lead to a member to receiving a higher level assignment. The model is a best fit solution and there will be members who have support needs that lie outside this framework. These members may avail themselves of the Extraordinary Review Committee (ERC) which may authorize additional specialized services for the member. This process can be initiated through the member's case manager.

17. ***Several commenters asked what processes will be in place to ensure adequate support for individuals with extremely intensive behavioral support needs.***

The level framework has been designed to accommodate the needs of members with extraordinary behavioral and medical support needs. However, if a member or their guardian believe the service package available to them is insufficient to meet the needs of that person, they may request a review by ERC, which will have discretion to authorize additional specialized supports.

18. ***Several commenters asked what assessment information will be shared with members and their guardians, case managers, and providers. Some providers expressed thanks for sharing the SIS-based levels of the members they serve, but other providers noted that they had not receive levels for all of the members to whom they provide services.***

Upon completion of a SIS assessment, the SIS assessor provides the family friendly version of the SIS report to the member and/or their guardian through their case manager. This report outlines the scores from the SIS assessment but does not reflect the level assignment.

Level assignments can be requested by a member's case manager through the SIS Manager at OADS for informational purposes at this time. In the future, OADS will outline a notification process where a member will receive a letter notification of the SIS Level Assignment and resulting budget package prior to the Person Centered Planning process.

Once a SIS assessment takes place, it can take up to six weeks before a SIS level is available for release to a case manager, member or guardian. If supplemental questions were asked and a paper review was triggered to evaluate a higher medical or behavioral need, this could take up to sixty days to finalize a level assignment.

19. ***Several commenters asked what process will be available for members who disagree with their SIS-based levels.***

Currently there are three review processes proposed in draft policy.

If a member or their Guardian feel that the interview protocol was not adhered to, then a request for a review of the interview process can be requested.

If after a member has completed a SIS assessment and received a level assignment and a major life change occurs that could potentially impact the members support needs for at least six months or longer, then a request can be submitted to have the member receive a new SIS assessment.

If a member or their guardian feel that their level and support budget will not meet the needs within the budget they are afforded they can request a review through the Extraordinary Support Committee (ERC) to determine additional supports that can be approved.

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Lastly, a member or their Guardian has grievance and appeal rights. Memberss may file an appeal when services are reduced, suspended, denied or terminated. All appeals may be initiated through the member's case manager. More information on these processes is available on the OADS website.

20. *One commenter asked whether the SIS will be administered to individuals in nursing homes or other facilities.*

At this time, the SIS will only be administered to members who are receiving services on the Section 21 waiver or the Section 21 waitlist.

21. *One commenter expressed concern that the establishment of SIS-based levels and rate tiers will result in individuals being labeled.*

Members should not be labeled based upon assessment results. Rather, labels based on the level assignment or rate tier should be used to refer to budgets (e.g., John will receive a Level 1 budget) and rates (e.g., Jane's provider will be paid the Tier 1 Community Supports rate).

22. *Several commenters expressed appreciation of OADS' efforts to make information available, but asked for additional materials to explain the use of the SIS in determining individual budgets and further suggested regional informational sessions. Other commenters noted that case managers will require more training as well as clear guidelines to follow. One commenter suggested that technical assistance be provided to providers that request it.*

OADS is committed to making information available to members, their families and providers about the Supporting Individual Success initiative. The SIS initiative was rolled out with a public forum in Augusta in July 2014, followed by webinars repeating the information presented during that forum. The slides and audio recordings from these webinars are available on the OADS website. OADS has engaged with providers through the Provider Advisory Group and through a series of webinars. OADS has conducted regional trainings for case managers on this transition and made documents available on the OADS website regarding many aspects of this initiative.

OADS recognizes that not all members, guardians and family members have ready access to the internet or documents on the website, and therefore have planned a mailing with SIS related information and documents to all members and their guardians on Section 21 and the waitlist to be sent out in January 2015.

OADS continues to develop tools and resources that are geared towards families, members and case managers to better help explain this initiative.

The input during this comment period has provided valuable feedback, and this information is being incorporated as the process moves forward. OADS is encouraged by this level of participation from the community and stakeholders and looks forward to continuing to engage in this dialogue in the future, during the formal comment period.

INDIVIDUAL NEEDS-BASED BUDGETS

23. *Several commenters expressed support for the development of individual budgets based upon members' level of need. In particular, several commenters noted that there are a number of individuals on waiting lists who are not receiving any funding and that some individuals "receiving*

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significantly more funding than others with similar support needs", and that there is a limited pool of resources to fund services.

OADS is committed to people with intellectual disabilities and/or autism getting the services and supports they need to live, love, play, and reach for their goals just as others do in their community. OADS wants make sure that services are fair for everyone, based on a member's needs and choices, and are available when people need them (no wait lists for services). To reach these goals, we must build on our successes, be willing to change some of how and what we've been doing, and balance our goals with the best use of the dollars we have.

*24. **Several commenters objected to budgets that vary based upon where members live (e.g., members receiving Agency Home Support received larger budgets than those who live with family).***

Individual budgets do vary based upon a member's residential "placement". Budgets for members receiving constant supervision through a full-time residential service are greater than those who live independently or with family or other caregivers. These differences reflect the higher costs of providing constant care to individuals. However, members living independently or with caregivers do have more flexibility than those receiving full-time residential services.

In general, where a person lives is a more significant factor in the cost of their care than is their level of need. Simply, providing constant care is more expensive than intermittent supports. The individual budgets reflect this reality. In general, the budgets for members receiving full-time residential supports such as Agency Home Support are greater than the budgets of those who do not receive constant supervision.

As discussed in the response to comment 35, however, members cannot direct any portion of the residential component of their budget to other services. That is, the funding built into the budget for Agency Home Support services cannot be used to access more Work Support or Community Support. This portion of the budget is limited to paying for the cost of Agency Home Support. In contrast, the budgets for those living independently or with family or other caregivers are more flexible. Members can use funding that was assumed for Home Support Quarter-Hour services to access more Work Support or Community Support.

Overall, budgets that include a full-time residential service are higher than those budgets that do not in order to pay for these services. However, the greater flexibility to "move" money around in the individual budgets for members living independently or with caregivers actually already allows them to purchase more Work Support or Community Support services than members receiving full-time residential services.

*25. **One commenter requested an explanation of how authorizations will be adjusted mid-year if an individual changes their living arrangement (e.g., moved from Shared Living to Agency Home Support) or decides they wish to reallocate their services (e.g., to increase Work Support and reduce Community Support).***

A member may choose to change services during the year and will make changes to their Person Centered Plan with the support of their case manager and planning team. Any changes that are made will need to remain within the member's budget. In the case of a member changing living settings (e.g. moving from a group home to shared living), this may include a change to the underlying budget, however this may have limited effect on other services. In these instances, the authorization for the former services will be eliminated and an authorization for the new placement will be established. Given that the full-time residential component of the individual budget cannot be transferred to or from other services, this will not affect the budget for other authorizations. Members

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will have the flexibility to redirect their funds to other services (such as deciding to increase their Work Support authorization) as long as they remain within their total budget.

26. ***Several commenters asked how much flexibility members will have in determining how to use their individual budgets.***

Members will be able to determine which non-residential services they want within the limit established by their individual budget.

Members will be assigned an individual budget based upon their residential placement and their level of need (as determined by the Supports Intensity Scale). These budgets cover the cost of "core" services, including Agency Home Support, Family-Centered Support, Shared Living, Home Support Quarter-Hour, Community Support, Work Support, and Respite.

The individual budgets are based on "model" service packages. For example, the service package for a member assigned to SIS-based Level 1 and living in an Agency Home Support includes 10 hours of Community Support and 12 hours of Work Support (which is further assumed to be 6 hours of one-to-one services and 6 hours of one-to-two services). However, these assumptions are not limits on individual services. A member could, for example, opt not to participate in any Community Support and direct their entire budget to Work Support. The only limit is the total budget, which is why previous limits on Home Support Quarter-Hour, Community Support, and Work Support have been eliminated.

The only exception to this flexibility is that members receiving full-time residential services (that is, Agency Home Support, Family-Centered Support, and Shared Living) may not "move" funds from the residential component of their budget to access more day services or move funds from the day activities component of their budget to increase funding for residential services. This exception is discussed further in the response to comment 35.

Tables included in the responses to comments 31 and 37 provide examples of how members can opt to direct their entire budget to a single service rather than following the assumptions in the model service packages. These examples are intended to illustrate the maximum amount of a given service that a member could receive, but it is more likely that members will "mix and match" services, which they will have the flexibility to do as long as they remain within their total budget.

27. ***One commenter expressed concern regarding the individuality of members' plans.***

Members will receive a budget based upon their level of need and residential placement that they can use to plan their services. The member and their planning team will continue to develop the Person Centered Plan to support the member to meet their goals. While it should not drive the conversation, the SIS can be a valuable planning tool and inform the planning process.

28. ***Two commenters suggested that OADS pursue a self-directed option as well as the development and use of quality indicators in order to support individuals in being charge of their lives.***

OADS values self-direction, but at this time, adding a self-directed option is not being considered as part of the Supporting Individual Success initiative. Further feedback on this topic is welcome. OADS is proud to participate in the National Core Indicators survey.

29. ***One commenter asked whether the individual budgets are calculated based on 50 or 52 weeks per year.***

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The service packages were priced out based on a 52-week year. That is, the estimated costs of weekly services were multiplied by 52 in order to calculate the yearly individual budgets.

30. ***Several commenters questioned the use of utilization data to establish 'model' service packages, particularly because some members do not use all of the services for which they were authorized.***

The 'model' service packages are intended to reflect an appropriate amount of support to assist members to be successful. Existing utilization patterns were one of the factors considered when developing the service packages, but utilization data was not the sole consideration.

Fiscal year 2013 claims data was analyzed to determine which services, and in what amounts, members used and how these patterns differed according to members' residential placements and levels of need as measured by the Supports Intensity Scale. As noted by the commenters, some members – in fact, most members – do not use all of the services that they are authorized. The under-utilization of authorized services and the underlying reasons are interesting issues, but actual utilization is more valuable because it demonstrates the amount of support that members living successfully in the community actually use.

That said, the utilization review did include various analyses that attempted to account for those members who use no or little supports. For example, average utilization figures were calculated both across all members and across those who actually utilized a given services (that is, the latter calculation did not include those members who did not use the service at all). Additionally, utilization distributions were presented so that, for example, OADS could determine the number and percentage of members that used between zero and two hours of day services per week, between two and four hours, etc.

Although these analyses provided valuable data, current utilization data was not automatically translated to the model service packages. OADS policy goals were another consideration. As an example, OADS wishes to increase members' participation in day activities. All of the service packages therefore include at least 22 hours of day program services per week, an amount that exceeds current utilization. Further, all of the model service packages when through a validation process, through which multi-disciplinary teams reviewed the case files of a sample of members to determine whether the service packages would meet their needs (the validation report was included in the materials released for public comment).

31. ***Several commenters objected to the amount of Home Support-Quarter Hour supports included in the non-residential service packages.***

In response to these comments, the Office of Aging and Disability Services has decided to separate the non-residential category into two groups. OADS believes that the proposed service package are sufficient for those members living with family or other caregivers from whom they should be receiving some natural supports. However, for those members living independently, a new service package has been established. This new service packages includes more Home Support Quarter-Hour services than the family/caregiver service package and does not include respite.

The table below compares the amount of Home Support Quarter-Hour service included in the service packages for members living independently to the unchanged assumptions for members living with family or other caregivers.

	SIS - 1	SIS - 2	SIS - 3	SIS - 4	SIS - 5
Family/ Caregiver	20	24	24	48	48

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Living Independently	28	40	40	64	64

The number of hours per week assumed for day activities is unchanged from the original proposal and is the same for both groups, ranging from 22 to 25 hours per week. Additionally, the service packages for members living with family or caregivers continue to include 100 hours of respite annually. As discussed in the response to comment 26, members have the flexibility to direct the funding assumed for day activities or respite to purchase additional hours of Home Support Quarter-Hour services. The next table demonstrates the number of weekly hours of Home Support Quarter-Hour services that a member could receive if they used their entire budget for this service.

	SIS - 1	**SIS - 2**	**SIS - 3**	**SIS - 4**	**SIS - 5**
Family/ Caregiver	38.8	43.2	43.2	75.7	75.7
Living Independently	45.8	60.4	60.4	89.8	89.8

As the table illustrates, members living independently who choose to use their entire budget for Home Support Quarter-Hour services could access between 46 and 90 hours per week based on their level of need as determined by the Supports Intensity Scale compared to the 39 to 76 hours that members living with family or caregivers could receive.

The establishment of separate, higher individual budgets for members living independently will address some of the situations cited by commenters. However, some members living independently and some living with family or other caregivers will still experience some reduction in the amount of support they are receiving. In these cases, the person-centered planning team will work with the member to decide how to use their individual budgets. If the member believes that they need more support than their individual budget will permit, they can request a review from the Extraordinary Review Committee (ERC) discussed in the response to comment 16 or can discuss with their team other living options that will meet their needs.

32. ***Several commenters expressed concern that the proposed individual budgets – as well as some of the staffing assumptions in the rate models – will not be compliant with the recently issues federal home and community based services rule.***

The State is in the process of developing its plan for ensuring compliance with the federal home and community based services rule. OADS believes that the service packages and rate models will be sufficient to achieve compliance with the rule.

33. ***Several commenters questioned the estimates regarding the number of members who would receive a budget that would provide fewer services than they are currently receiving, and stated that the nature of services may change even if the amount of service does not.***

The Office of Aging and Disability Services has attempted to quantify the impacts of the proposed changes to service packages – as well as provider reimbursement rates – on members. In particular OADS has evaluated whether the individual budget will allow members to access the same amount of services that they are currently using. OADS's contractor, Burns & Associates, Inc., compared members' fiscal year 2013 utilization to the individual budgets that they would receive based on their residential placement and level of need as determined by the Supports Intensity Scale. Based on this comparison, it was estimated that 98 percent of members would receive a budget that would allow

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them to access the same amount of service as they used in fiscal year 2013. In response to the comments received, OADS asked that these estimates be reviewed.

This review indicated that the analysis assigned a small number of members to the incorrect individual budget. As part of the changes to the Section 21 program, the Agency Home Support service definition will be clarified to make it clear that the service only applies to situation in which a provider is delivering 'constant' care to the member. That is, Agency Home Support staff are present whenever the member is in the home.

34. ***Based on a review of the number of hours being provided, it is anticipated that many of the homes classified as one-person Agency Home Support residences for the purposes of B&A's analysis will actually transition to Home Support Quarter-Hour. B&A updated the analysis to assume that any instance of Agency Home Support being provided for less than 128 hours per week will not meet the definition for this service. Rather, these services will be billed as Home Support Quarter-Hour and the members would be assigned to the Living with Caregiver or Independent Living individual budgets. This analysis is limited to the quantity of services. OADS acknowledges that other changes may result in differences in the nature of services being provided. For example, the Agency Home Support rate model generally included less staffing in these residences, partly due to the assumption that members will spend more time out of the home. Thus, although members will still receive the same amount of Agency Home Support services in terms of units (days), the service may be somewhat different (for example, the members may be spending less time in the residence). Several commenters provided details regarding members for whom they believe the individual budget will be insufficient. One commenter suggested that members receiving a greater amount of Home Support Quarter-Hour services than assumed in their individual budget should be 'grandfathered in'.***

The Office of Aging and Disability Services believes that the service packages and individual budgets are sufficient to meet the needs of the very large majority of members based on their level of need. Consequently, there will be no automatic exception for members who have previously used a greater amount of services. Rather, these members – like all members – will be able to access the Extraordinary Review Committee (ERC) discussed in the response to comment 16.

The manner in which members choose to use their individual budget will be determined as part of a person-centered planning process. It is expected that the individual budgets will not be adequate for a very small number of members. If a member believes that they need more support than they can access through their individual budget, they can request the Qualified Extra Support Service (QESS) through a request to the ERC. Due to privacy considerations, OADS is unable to comment on specific cases and, without a specific request and the associated documentation, is further unable to determine whether any of these members would be granted an exception to their individual budget.

35. ***Several commenters asked whether individuals could direct more funding to their Agency Home Support provider (i.e., exceed the Agency Home Support per diem rates) through "savings" in their funding for non-residential services.***

The rates for Agency Home Support are being transitioned to fixed per diem amounts based on the size of the residence and members' level of need as determined by the Supports Intensity Scale. This approach replaces the current system in which the number of hours funded are determined individually for each residence. Since the per diem rates will be fixed, there is no mechanism for members to direct a larger portion of their budget to the Agency Home Support provider; that is, the per diem rate cannot be increased.

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For members residing in Agency Home Support – as well as Family-Centered Support or Shared Living – placements, their budget includes both a residential component and a day activities component. Funds cannot be moved between the two components. Members can neither direct unused day activity funding to residential services nor direct unused residential funding to day activities.

Agency Home Support providers do have the opportunity, however, to provide Work Support or Community Support services to members living in their residences. Providing these services, which are subject to the same MaineCare requirements as any other Work Support or Community Support provider, allows these providers to "capture" some portion of potential "savings" in their members' day activity budgets.

36. ***One commenter expressed concern that members in Level 1 would not be able to access 24-hour-a-day residential supports.***

Members assigned to Level 1 based upon the results of their Support Intensity Scale assessments should not require constant support. Members assigned to a Level 1 will be afforded a combination of Residential and Work/Community supports as well as access to assistive technology to meet their support needs.

Members in this level typically receive intermittent supports. Consequently, OADS expects that alternatives to constant support will be discussed as part of members' person-centered planning meetings. Although it will be presumed that members in Level 1 do not require constant support, OADS recognizes that some members in this level – particularly those already receiving full-time residential services – may have unique circumstances that require such care. .

37. ***One commenter expressed support for the elimination of the caps for Work Support and Community Support. Other commenters asked how much Community Support or how much Work Support an individual may receive.***

The Office of Aging and Disability Services appreciates the support for the elimination of the caps on individual services. As discussed in the response to comment 26, these service-specific limits (850 hours annually for Work Support and 1,125 hours for Community Support) will be replaced by individual budgets that empower members to determine what services are most useful to them. Since these individual budgets vary based on members' residential placement and their level of need as determined by the Supports Intensity Scale, the amount of services that members can access will vary.

To provide an example, the table below provides an excerpt of the day activity portion of the individual budget for members living in an Agency Home Support residence[1] and then translates the resulting dollars amounts to the number of hours of support that could be used assuming a member chooses only one type of support (noting that members will have the ability to "mix and match" services as long as they remain within their individual budget).

	SIS - 1	SIS - 2	SIS - 3	SIS - 4	SIS - 5
Community Support[3]	10	12	12	20	20
Proposed Rate (Converted to Hour)	$14.60	$15.96	$15.96	$20.68	$20.68
Work Support[4]	12	12	12	10	10

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[1]The individual budget dollar amounts correspond to what was included in the materials released for public comment. Since some rates have been adjusted in response to comments, the dollars amounts in these tables will also be revised. The table, therefore, is intended only to illustrate how the budgets translate to supports based on the service chosen; the actual numbers will changes based on the final budget amounts.

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Proposed Rate (Converted to Hour)	$28.54	$28.54	$28.54	$28.54	$28.54
Subtotal-Day Services	**$25,401**	**$27,768**	**$27,768**	**$36,348**	**$36,348**

[3] *Community Support hours are priced at the facility-based rate.*
[4] *Work Support hours are priced as the average of the Individual rate and the 2-person group rate.*

Hours per week that a member would receive if they used only:					
Community Support	33.5	33.5	33.5	33.8	33.8
Community Support, One-to-One	15.3	16.8	16.8	22.0	22.0
Work Support - Individual	13.7	14.9	14.9	19.6	19.6
Work Support - 1:2	22.9	25.0	25.0	32.7	32.7
Work Support - 1:3	30.1	32.9	32.9	43.0	43.0

As the table shows, the number of hours that a member can receive varies based on the service or services that they choose due to rate differences. In this example, members could receive between 14 and 20 hours per week of Work Support – Individual services (between about 700 and 1,000 hours per year) or about 33 hours per week of Community Support (1,700 hours per year). Members will decide how to use their budgets as part of their person-centered planning meetings.

38. *One commenter asked why the "model" service packages assume that members with higher needs receive a greater amount of day supports.*

The greater amount of day supports (and the higher Community Support rates for members with more significant needs) recognizes that members with higher needs require greater support to be successful in the community than individuals with lesser needs who may be better able to operate independently at times and may have greater access to natural supports.

The service packages build in a greater level of support for members with more significant needs. For example, the service package for members living in an Agency Home Support residences include 22 hours per week of paid day activities (10 hours of Community Support and 12 hours of Work Support) for members assigned to level 1 and 30 hours per week (20 hours of Community Support and 10 hours of Work Support) for members assigned to level 5. For similar reasons, the Community Support rate models include more intensive staffing (and higher reimbursement rates) for members with more significant needs.

Similarly, the service packages for members who do not receive 24-hour residential supports provide more hours of Home Support Quarter-Hour services for members with greater needs than for those with lesser needs.

39. *One commenter stated that the proposed service packages would limit the amount of Work Support that a member can receive to 12 hours per week. The commenter further stated that the proposed service packages would limit the amount of Community Support that a member can receive is limited to 10 to 12 hours per week because they cannot use dollars assumed for Work Support for Community Support.*

As discussed in the response to comment 26, "model" service packages have been developed in order to establish individual budgets. However, the assumptions included in the service packages do not constitute limits for specific services. Rather, members have the flexibility to use their individual budgets to access the services that are most important to them. Thus, although an individual budget may have been developed assuming that members receive 12 hours of Work Support per week, a member can choose to direct their entire budget (other than amounts associated with residential

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services) to Work Support. Similarly, members may choose to direct a larger portion of their funding to Community Support than was assumed in the service packages.

As the table included in the response to comment 37 illustrates, the model service packages for members in an Agency Home Support residence assume that members receive 10 or 12 hours of Work Support per week. However, members can direct their entire budget to this service so they will actually be able to receive between 14 and 20 hours of Work Support-Individual services per week and considerably more group-based Work Support. Or, members could use their individual budgets to access more than 33 hours per week of facility-based Community Support or between 15 and 22 hours per week for one-to-one Community Support services.

The table included in the response to comment 37 shows that members are not limited by the model service packages; the can choose any combination of supports within the limits established by their individual budgets. How members use their budgets will be determined as part of the person-centered planning meetings.

40. *One commenter disagreed with the assumption that utilization of day program services will increase because current authorizations are under-utilized.*

Given that most members will see an increase in the number of hours of day program services that they can receive, it is considered likely that some of these members will use more services than they have been. Specifically, OADS assumes that a little more than half of members will take advantage of the increase in the amount of day program services that they can access while the other almost one-half of members will use the same amount of services even though they could use more.

The service packages and individual budgets include at least 22 hours of day program services per week. Fewer than ten members used this amount of support in fiscal year 2013. Further, the institution of fixed per diem rates for Agency Home Support services is intended to make it more likely that members in these residences participate in day activities. Thus, nearly everyone will have the opportunity to use more day program services. OADS assumes that some, but certainly not all, of these members will increase the amount of day services that they use.

As noted by the commenter, members who are significantly under-utilizing their day program authorizations are unlikely to use more services if their authorizations increase. However, there are a number of members who use a significant portion of their authorizations and it is reasonable to expect that their utilization will increase if their authorizations are increased. Assuming an 80 percent utilization threshold to allow for some natural absence factor, 55 percent of members are using most of their day program budgets. OADS estimates that these members will use more services if their budgets are increased, but assumes that utilization among the other 45 percent of members will not change even as their authorizations increase.

41. *One commenter suggested that members who under-utilize their budgets should receive a temporary or permanent reduction in their authorizations.*

OADS has no plans to reduce the budgets of members who do not utilize their full authorizations.

The individual budgets are based on "model" service packages intended to support members according to their level of need as measured by the Supports Intensity Scale and their living situation. How members use their budgets will be determined during person-centered planning meetings. Although the individual budgets consider only Section 21-funded services, the person-centered process should consider all sources of support. It is therefore possible that some members will not need to use their entire budgets because, for example, they also have access to natural supports.

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However, someone who does not currently need the entire budget may need the full amount in future years. Reducing the budget or authorization of members who do not currently need their full individual budget could prevent them from accessing what they need in the future or could produce a "use it or lose it" mindset wherein members use services that they do not need. As a result, OADS is not currently intending to reduce the budgets or authorizations of members who choose to use fewer services than they could.

42. *One commenter asked what criteria will have to be met in order to access one-to-one Community Supports.*

There are no criteria that limits who can access the one-to-one Community Support service. As discussed in the response to comment 26, members have the flexibility to decide how to use their individual budgets. Thus, any member will be able to select this service up to the amount that can be supported by their individual budget.

43. *Two commenters asked whether "extra" supports, such as two-to-one support in the community will be allowed.*

The individual budgets do not include any provision for the intensity of support cited by the commenters – two direct support professionals for a single member. As discussed in the response to comment 16, members will be able to request an exception from their assigned individual budget through the Extraordinary Review Committee (ERC).

44. *One commenter asked whether OADS is making increased allocations to crisis services in anticipation of greater demand for these services when "individuals' needs cannot be met under the reduced hours".*

OADS is not anticipating any significant increase in the use of crisis services. However, these supports will continue to be authorized when required.

45. *One commenter asked for OADS' expectations related to Employment First. Another commenter encouraged continued collaboration with the Maine Departments of Labor and Education.*

OADS' expectations regarding the Employment First Maine Act have not changed. Consistent with the requirements of the Act, employment remains "the first and preferred service or support option" for members. All of the model service packages include Work Support. Further, as discussed in the response to comment 26, members have the flexibility to direct their entire individual budget (excepting 24-hour residential services) to Work Support services.

OADS concurs with the commenter that noted the importance of collaboration with the Department of Labor and Education, as well as employment services providers, and will continue working with these organizations to increase members' opportunities for integrated, community-based employment or customized employment.

46. *One commenter asked when the individual budgets will be implemented.*

Implementation is scheduled to begin July 1, 2015. OADS intends to transition members to their individual budgets (and the new rate schedule) as their annual planning dates occur. As there is a significant pre-planning process to consider, OADS will be beginning with notification to members who have an annual date starting January 1, 2016. Notification of level assignments and individual budget will occur in July 2015 for these members and will account for a significant planning time.

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OADS will communicate additional details regarding the implementation process to members, providers, and other stakeholders as they become available.

47. *Several commenters asked about how authorizations will be reviewed and approved as well as about the roles of resource coordinators and APS Healthcare. One commenter asked whether a budget tracking system is planned.*

As discussed in the response to comment 26, members will have the flexibility to decide how to use the individual budget that they will receive based on their residential situation and level of need as indicated by the Supports Intensity Scale. Within this framework, OADS is still defining the roles of resource coordinators and APS Healthcare as the individual budgeting system is instituted.

48. *One commenter asked whether services will be authorized annually rather than for a six-month period.*

There will be no change to the current approval standard of six month authorizations.

49. *One commenter suggested that members in the Section 29 program receive a SIS assessment. The commenter also suggested that the 18-hour per week limit on Home Support Quarter-Hour services in this program be increased to 38 hours per week.*

At this time, OADS has decided not to make any changes to the Section 29.

50. *One commenter asked whether the waiver application to the federal Centers for Medicare and Medicaid Services will include either these comments or the comments made during the State's public notice process.*

The State's waiver application will describe the opportunities that members of the public had to offer comments – including this "informal process" and the forthcoming regulatory process – on the changes to the Section 21 program. The waiver application will also incorporate the changes that have been made in response to many of the comments that were received.

51. *One commenter asked what "contingency plans" exist for the expiration of the current Section 21 waiver in order to assure that the State is able to continue to claim federal Medicaid funds.*

The State fully expects that the Section 21 program will continue without interruption. OADS will make changes to its plans or the timelines associated with the program's renewal as necessary in order to ensure that there are no disruptions.